

Colorado Bills of Interest – 2010 Final Report
Prepared for
The Colorado Chapter of ACEP

Bill Title Sponsor	Contents	Status	Comment
<p>BILL HB10-1025</p> <p>Concerning updates to the "Colorado Medical Treatment Decision Act". Sponsors: Roberts / Newell</p>	<p><i>This summary applies to the reengrossed version of this bill as introduced in the second house. It does not reflect any amendments that may be subsequently adopted.</i></p> <p>Hospice and Palliative Care in Colorado. The bill repeals and reenacts, <i>with amendments</i>, the "Colorado Medical Treatment Decision Act". The term "artificial nourishment" replaces "artificial nutrition and hydration", the term "lacking decisional capacity" replaces "incompetent", and a new term, "persistent vegetative state", has been added in order to clarify different medical conditions under which the act shall be applied. The options available to the patient when he or she is in a terminal condition <i>or</i> persistent vegetative state or otherwise <i>and</i> lacking decisional capacity are clarified. The bill removes from statute the legal form that the declaration as to medical or surgical treatment may take and makes further clarifications concerning the declaration. Any declaration executed in compliance with Colorado law at the time it was made shall continue to be an effective declaration, and any declaration executed in compliance with the laws of another state shall be considered effective in Colorado, granted that such declaration does not violate any Colorado law.</p>	<p>Passed House</p> <p>Passed Senate</p>	<p>04/15/2010 Governor Action - Signed</p>
<p>BILL HB10-1027</p> <p>Concerning the requirement for a</p>	<p><i>This summary applies to the reengrossed version of this bill as introduced in the second house. It does not reflect any amendments that may be subsequently adopted.</i></p>	<p>Passed House</p> <p>Passed Senate</p>	<p>05/26/2010 Governor Action - Signed</p>

<p>certain life expectancy prognosis for persons receiving hospice care through Medicaid. Sponsors: Roberts & ... / Williams</p>	<p>Hospice and Palliative Care in Colorado. Currently, Colorado law requires a certified medical prognosis of life expectancy of 6 months or less for a patient for hospice care to be provided under medicaid. This bill increases the life expectancy prognosis to 9 months if the department of health care policy and financing (department) receives the necessary federal authorization. <i>The department is authorized to seek and accept gifts, grants, or donations for the purpose of meeting the administrative costs associated with seeking the necessary federal authorization.</i> The executive director of the department shall notify the revisor of statutes within 60 days after receipt of federal authorization. <i>The bill appropriates \$12,500 from the department cash fund and \$12,500 from federal funds for the implementation of the bill.</i></p>		
<p>BILL HB10-1032</p> <p>Concerning behavioral health crisis response services. Sponsors: Frangas / Boyd</p>	<p><i>This summary applies to the reengrossed version of this bill as introduced in the second house. It does not reflect any amendments that may be subsequently adopted.</i></p> <p>Health Care Task Force. This bill requires the department of human services (department) to enter into a contract with a nonprofit entity for the provision of initial triage services through a coordinated and integrated crisis response system (system services) for persons experiencing mental health or substance abuse crisis. The system services that are contracted for may include, but need not be limited to, services for a telephone hotline operating 24 hours per day and 7 days per week, services provided through an integrated information technology system, and services provided by community based crisis centers that provide short term mental health services to persons in crisis. The department shall be responsible for</p>	<p>Passed House Passed Senate</p>	<p>05/27/2010 Governor Action - Signed</p>

~~specifying goals to be achieved by contracting for these system services and shall include specific performance goals and time frames for the provision of the system services. review the current behavioral health crisis response in Colorado and to formulate a plan to address the lack of coordinated crisis response in the state (plan). The plan shall include an analysis of the best use of existing resources.~~

~~This bill requires the department to maintain policy making authority over services provided pursuant to the contract, monitor contract compliance, and evaluate the performance of the contracting entity. The contracting entity shall comply with federal regulations and reporting requirements. The contracting entity shall provide the department with information concerning persons receiving services in accordance with federal and state confidentiality laws and the data and information necessary for the department to monitor and evaluate the contracting entity.~~

~~The department shall not be required to contract for the system if the system is not cost effective for the state, if the system services are not appropriate to address the needs of persons in crisis, or if the system services may be provided in a different manner.~~

~~On or before January 30, 2013, the bill requires the department to annually report present to a joint meeting of the health and human services committees of the general assembly concerning the services provided through the contract coordinated behavioral health crisis response in Colorado, including the plan.~~

~~The review, formulation of the plan, and preparation of the report to the general assembly shall be completed within the department's existing resources.~~

<p>BILL HB10-1050</p> <p>Concerning a central on-line registry of medical orders for scope of treatment forms. Sponsors: Tyler / Tochtrop</p>	<p><i>This summary applies to the reengrossed version of this bill as introduced in the second house. It does not reflect any amendments that may be subsequently adopted.</i></p> <p>Hospice and Palliative Care in Colorado. The bill requires the department of public health and environment (department) to create and maintain an on-line registry of medical orders for scope of treatment forms (registry). The bill also creates the medical forms on-line registry cash fund (fund) and authorizes the department to solicit and accept gifts, grants, and donations to the fund to create and maintain the registry. The bill allows a public or private entity, including but not limited to a nonprofit organization, that facilitates the exchange of health information among emergency medical technicians, doctors, hospitals, nursing homes, pharmacies, home health agencies, health plans, and local health information agencies through the use of health information technology to facilitate the voluntary, secure, and confidential exchange of forms containing advanced directives regarding a person's acceptance or rejection of life-sustaining medical or surgical treatment. The department of public health and environment is required to include on its public web site home page a link to forms containing advanced directives regarding a person's acceptance or rejection of life-sustaining medical or surgical treatment, which forms are available to be downloaded electronically.</p>	<p>Passed House Passed Senate</p>	<p>04/12/2010 Governor Action - Signed</p>
<p>BILL HB10-1080</p> <p>Concerning the expansion of duties of the legislative emergency</p>	<p><i>The summary originally printed on this bill accurately reflects the contents of the reengrossed version of this bill as introduced in the second house. It does not reflect any amendments that may be subsequently adopted.</i></p>	<p>Passed House Passed Senate</p>	<p>03/31/2010 Governor Action - Signed</p>

<p>epidemic response committee to include preparation for disaster emergencies, and, in connection therewith, changing the name of the committee and allowing the committee to recommend legislation pertaining to the preparedness, response, and recovery by the general assembly in the event of an emergency epidemic or disaster. Sponsors: Lambert / Sandoval</p>	<p>The bill broadens the scope of the current legislative emergency epidemic response committee (committee) to allow the committee to prepare for disaster as well as epidemic emergencies. The bill also changes the name of the committee to the legislative emergency preparedness, response, and recovery committee to reflect the broadened scope of the committee.</p> <p>Additionally, the bill gives the committee the authority to recommend legislation pertaining to the preparedness, response, and recovery by, and continuation of operations of, the general assembly and the legislative service agencies in the event of an emergency epidemic or disaster.</p>		
<p>BILL HB10-1122</p> <p>Concerning medical orders determining the scope of treatment an adult wishes to receive under certain circumstances. Sponsors: Roberts & ... / Williams</p>	<p><i>This summary applies to the reengrossed version of this bill as introduced in the second house. It does not reflect any amendments that may be subsequently adopted.</i></p> <p>The bill provides that a medical orders for scope of treatment form (MOST form) that is properly executed and signed by an adult's physician, advanced practice nurse, or, if under the supervision or authority of the physician, physician's assistant shall have the same force and effect as a physician's order with respect to medical treatment of the adult who is the subject of the MOST form. An adult with decisional capacity or an authorized decision-maker for an adult who lacks decisional capacity may execute a MOST form.</p> <p>The bill requires emergency medical service personnel, a health care provider, or a health care facility to comply with a MOST form that is apparent and immediately available. Emergency medical service personnel, a health care provider, or a health care facility that complies with a MOST form is exempt from</p>	<p>Passed House Passed Senate</p>	<p>05/26/2010 Governor Action - Signed</p>

civil or criminal liability or regulatory sanction. A verbal order from an adult's physician, advanced practice nurse, or, if under the supervision or authority of the physician, physician's assistant shall have the same force and effect as an executed MOST form so long as the verbal order is acknowledged in writing and signed by the adult's physician, advanced practice nurse, or, if under the supervision or authority of the physician, physician's assistant. ~~A health care facility or a health care provider may delay compliance with an adult's executed MOST form for the purpose of consulting with the adult, the adult's authorized surrogate decision maker, or the physician, advanced practice nurse, or physician's assistant who signed the form concerning the provisions of the form and their applicability in the present treatment environment. A health care provider may revise the provisions of an adult's executed MOST form only if: (1) The adult's medical condition has changed since the execution of the form or the provisions of the form are not, in the provider's independent medical judgment, medically appropriate; (2) the provider consults with the adult or, if the adult lacks decisional capacity, the adult's surrogate decision-maker concerning the revision of the form; and (3) the adult or, if the adult lacks decisional capacity, the adult's authorized surrogate decision-maker consents to the revision of the provisions of the form. If a health care provider revises an adult's executed MOST form, the provider shall record the revisions on the form and the provider and the adult or, if the adult lacks decisional capacity, the adult's authorized surrogate decision-maker, shall sign and date the form.~~

The bill requires a health care facility or health care provider that transfers an adult who is known to have properly executed and signed a MOST form to communicate the existence of the form to the receiving

	<p>health care facility <i>or health care provider</i> before the transfer and ensure that the form <i>or a copy of the form</i> accompanies the adult upon admission to or discharge from a health care facility.</p> <p>A health care provider or health care facility that provides care to an adult whom the health care provider or health care facility knows to have executed a MOST form must provide notice to the adult or, if appropriate, to the adult's authorized surrogate decision-maker, of any policies based on moral convictions or religious beliefs of the health care provider or health care facility relative to the withholding or withdrawal of medical treatment. A health care provider or health care facility must promptly transfer an adult who has executed a MOST form to another health care provider or health care facility if the original health care provider or health care facility will not comply with the provisions of the form on the basis of policies based on moral convictions or religious beliefs.</p> <p>An adult with decisional capacity may revoke all or part of his or her executed MOST form at any time. An authorized surrogate decision-maker may revoke an adult's MOST form. if it was originally executed by an authorized surrogate decision-maker. Emergency medical service personnel, a health care provider, or an authorized surrogate decision-maker who becomes aware of the revocation of a MOST form must promptly communicate the fact of the revocation to a physician, advanced practice nurse, or physician's assistant who is providing health care to the adult who is the subject of the form.</p> <p>A health care facility may not require an adult to complete a MOST form as a condition of being admitted to, or receiving treatment from, the health care facility. Neither the existence nor absence of a MOST form shall be the basis for any delay in issuing</p>		
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	<p>or refusing to issue an annuity or policy of life or health insurance or any increase of a premium therefor. The bill clarifies the effect of a MOST form on conflicting provisions of another form of advance medical directive.</p>		
<p>BILL HB10-1128</p> <p>Concerning measures to increase the efficiency of the activities of entities in the division of registrations relating to the supervision of regulated professionals, and, in connection therewith, making the "Colorado licensing of controlled substances act" and the sunset law consistent with provisions enacted in 2009 to continue the regulation of administration of medication by unlicensed persons, clarifying that moneys collected on behalf of administering entities of professional peer review programs do not constitute state fiscal year spending for purposes of section 20 of article x of the state constitution, Sponsors: Looper / Hudak & ...</p>	<p><i>This summary applies to the reengrossed version of this bill as introduced in the second house. It does not reflect any amendments that may be subsequently adopted.</i></p> <p>Sections 1 and 48 16 of the bill make the "Colorado Licensing of Controlled Substances Act" and the sunset law consistent with provisions enacted in Senate Bill 09-128, enacted in 2009, that continued the regulation of administration of medication by unlicensed persons.</p> <p>Sections 2, 6, 44 13, and 45 14 of the bill clarify that moneys collected on behalf of administering entities of professional peer review programs do not constitute "state fiscal year spending" for purposes of section 20 of article X of the state constitution.</p> <p>Section 5 of the bill clarifies the exemptions to the dental practice act by providing that dental students practicing dentistry while in dental school are exempt from the dental practice act. Section 5 also deletes the exemption for foreign-trained dentists teaching at a dental school because such dentists were granted dental license options in legislation enacted in 2009.</p> <p>Current law requires the department of public health and environment to inspect X-ray equipment and establish standards for persons using the equipment. Current law duplicates these regulatory requirements in the medical practice act. Sections 9 11 and 40 12 of the bill repeal these duplicative provisions from the medical practice act, thereby</p>	<p>Passed House Passed Senate</p>	<p>04/29/2010 Governor Action - Signed</p>

allowing the department of public health and environment rules to govern these activities for physicians.

Sections 7 and 8 of the bill authorize the director of the division of registrations to take disciplinary action under the "Massage Therapy Practice Act" against persons convicted of unlawful sexual behavior or prostitution-related offenses.

Current law requires out-of-state chiropractors and medical doctors to obtain special temporary licenses to practice at United States olympic committee-sanctioned events. **Sections 3, 4, 7 9, and 8 10** of the bill delete these special license requirements and replace them with an exemption allowing this type of temporary professional practice for no more than 90 days per calendar year. Current law also requires a special temporary license for out-of-state medical doctors to evaluate children as patients of Shriners hospitals for children. **Sections 7 9 and 8 10** of the bill repeal this special license requirement and replace it with an exemption allowing this type of temporary professional practice for not more than 90 days per calendar year.

~~Current law requires physicians seeking relief from what they believe is anticompetitive conduct in the peer review process to seek redress from the statutorily created committee on anticompetitive conduct. **Sections 12, 13, 14, and 16** of the bill repeal the committee on anticompetitive conduct and replace it with a provision authorizing physicians seeking such redress to file an action in district court, which would have the authority to award appropriate relief to a prevailing physician, including but not limited to reinstatement to prior practice privileges and appropriate monetary damages.~~

Sections 47 15 through 29 27 of the bill repeal the regulatory functions of the division of registrations

	<p>with respect to athlete agents.</p> <p>Section 28 of the bill decreases the appropriations in the 2010 long bill to the department of regulatory agencies and the department of law by \$35,887 and \$9,799 cash funds, respectively.</p>		
<p>BILL HB10-1138</p> <p>Concerning the program to repay educational loans of health care professionals.</p> <p>Sponsors: Gagliardi / Morse</p>	<p><i>This summary applies to the reengrossed version of this bill as introduced in the second house. It does not reflect any amendments that may be subsequently adopted.</i></p> <p>The bill changes the name of the state health care professional loan repayment program to the Colorado health services service corps (health services service corps), the name of the health care community board to the Colorado health services service advisory council, and the name of the health care professional loan repayment fund to the Colorado health services service corps fund. Contracts for health care professional loan repayments entered into by collegeinvest or the primary care office in the department of public health and environment (primary care office) under the prior name of the program are still valid obligations.</p> <p>The bill specifies the manner in which the health services service corps may make a lump sum payment on an eligible professional's education loans pursuant to a contract. The bill exempts the selection of health care professionals from the competitive bidding requirements of the procurement code. The bill repeals the \$35,000 per year limit on the amount of education loan repayment that a health professional may receive under the health services service corps.</p> <p>The bill requires the primary care office to report specified information to the governor and specified committees of the general assembly on or before December 1, 2011, and every other December 1</p>	<p>Passed House</p> <p>Passed Senate</p>	<p>04/20/2010 Governor Action - Signed</p>

	<p>thereafter.</p> <p>The bill makes conforming amendments due to the name changes.</p> <p>.</p>		
<p>BILL HB10-1145</p> <p>Concerning the use of generic prescription drugs. Sponsors: Kagan</p>	<p>The bill requires a health care practitioner who finds it to be in the best interest of a patient to not allow the substitution of an equivalent generic drug for the one actually prescribed to indicate on the prescription the words "brand medically necessary" or to initial a preprinted box labeled "brand medically necessary". Current law requires the words or the preprinted box to read "dispense as written". The bill also makes it an unlawful act for a pharmacist to accept a coupon for a prescription drug for which there is a generic alternative if the practitioner has not indicated that the brand name drug is medically necessary and the drug is paid for, in whole or in part, by an insurance carrier</p>	<p>02/08/2010 House Committee on Health and Human Services Postpone Indefinitely</p>	<p>Failed to pass</p>
<p>BILL HB10-1147</p> <p>Concerning safer use of nonmotorized wheeled transportation by minors, and, in connection therewith, codifying into law the existing bike and pedestrian policy directive of the department of transportation, requiring the departments of transportation, education, and public safety to collaborate with local governments, school districts, and appropriate organizations to develop and make available to schools a comprehensive educational curriculum for minors regarding the</p>	<p><i>This summary applies to the reengrossed version of this bill as introduced in the second house. It does not reflect any amendments that may be subsequently adopted.</i></p> <p>Section 2 of the bill codifies the existing bicycle and pedestrian policy directive of the department of transportation (CDOT) into law and makes legislative declarations.</p> <p>Section 3 of the bill:</p> <ul style="list-style-type: none"> • Requires <i>CDOT, and in collaboration with the departments of education and public safety to collaborate, under the auspices of the safe routes to school program of CDOT, with local governments, school districts, and appropriate nonprofit organizations and advocacy groups, to develop notify schools of the availability of and</i> 	<p>Passed House Passed Senate</p>	<p>06/10/2010 Governor Action - Signed</p>

<p>safe use of public streets and premises open to the public, and requiring that a minor wear a protective helmet while using</p> <p>Sponsors: Kefalas / Bacon</p>	<p>make available to schools a comprehensive <i>existing</i> educational curriculum regarding the safe use of public streets and premises open to the public by users of nonmotorized wheeled transportation <i>and pedestrians.</i></p> <ul style="list-style-type: none">• Requires an individual 2 years of age or older but under 18 years of age to wear a helmet that meets the applicable federal safety standard for helmets whenever the individual uses nonmotorized wheeled transportation on a public street or premises open to the public.• Defines "nonmotorized wheeled transportation" as any human-powered vehicle or equipment intended for use on public streets and premises open to the public and designed primarily to transport one or more individuals and that rolls on wheels including, but not limited to, a bicycle, scooter, skateboard, or in-line skates. The definition does not include a wagon, a trailer, or any other vehicle or equipment that is primarily designed to be towed or pulled by an individual or by any other vehicle or equipment.• Categorizes a violation of the helmet requirement as an unclassified traffic infraction but specifies that its enforcement shall consist only of the stopping of a violator or an accompanying adult, the informing of the violator or accompanying adult of the violation, and the provision of a		
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	<p><i>safety information</i> card to the violator or accompanying adult that explains the risks of not wearing a helmet and provides information as to where the violator may obtain a free or low-cost helmet if the violator or the violator's family cannot afford to purchase one.</p> <ul style="list-style-type: none">• <i>Requires CDOT, in collaboration with the departments of education and public safety and appropriate nonprofit organizations and advocacy groups, to design, develop, produce, and plan and implement the distribution of a locally adaptable electronic template for a safety information card for local law enforcement or public safety officer to provide, in printed form, to violators of the helmet requirement. Requires the distribution of hard copies of safety information cards to be implemented through collaboration between local law enforcement agencies and appropriate nonprofit organizations and advocacy groups.</i>• Specifies that a violation of the helmet requirement is not admissible as evidence in court as a defense against liability or to reduce damages in a lawsuit arising out of the violator's death or <i>injury</i>, and that the parent or legal guardian of a violator shall not be subject to any legal liability due to the violation, <i>that a private or public landowner or lessee of premises open to the public has no responsibility to enforce the helmet requirement, and that neither such a landowner or</i>		
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	<p><i>lessee nor a law enforcement or public safety officer nor any other person shall be subject to any legal liability for not enforcing the helmet requirement.</i></p> <ul style="list-style-type: none"> • Exempts from the helmet requirement an individual whose religious beliefs or practices would be violated by the wearing of a helmet. <p>Section 1 of the bill makes legislative findings and declarations.</p>		
<p>BILL HB10-1163</p> <p>Concerning the ability of the commissioner of insurance to enter into multistate agreements with other states for the purpose of allowing colorado consumers to purchase out-of-state health insurance products. Sponsors: Acree / Scheffel</p>	<p>The bill authorizes the commissioner of insurance (commissioner), on behalf of the state, to enter into multistate agreements with other states for the purpose of allowing a health coverage issuer (issuer) doing business in another state to offer, sell, or issue in Colorado an individual health coverage plan (plan) that is regulated by another state. The issuer is required to submit to the commissioner evidence of its financial viability, its ability to provide Colorado consumers adequate and appropriate access to health care providers and services, and its process for adequately handling Colorado consumer complaints regarding the plan. The commissioner will determine whether an issuer has satisfied these requirements and whether it is in the best interests of Colorado consumers to enter the multistate agreement. The bill specifies which state's laws would apply to a plan offered in Colorado by an out-of-state issuer and which state would enforce the applicable laws. Additionally, the issuer must provide Colorado consumers a notice regarding the effects of purchasing a plan from an out-of-state issuer. The bill allows individuals who relocate to Colorado to renew an existing individual health coverage plan issued in another state one time and to renew it more than once only if the state in which the plan was issued enters into a multistate agreement</p>	<p>02/16/2010 House Committee on State, Veterans, & Military Affairs Postpone Indefinitely</p>	<p>Failed to pass</p>

	with Colorado. The commissioner may adopt rules as necessary to implement the act.		
BILL HB10-1229 Concerning authentication requirements for verbal orders in a hospital. Sponsors: Pace / Newell	<i>The summary originally printed on this bill accurately reflects the contents of the reengrossed version of this bill as introduced in the second house. It does not reflect any amendments that may be subsequently adopted.</i> The bill requires that a licensed hospital require that all verbal orders be authenticated by the physician or responsible individual who has the authority to issue a verbal order in accordance with hospital and medical staff polices. The bill requires that a verbal order be authenticated within 48 hours after the time the order was made unless a read-back and verify process is followed. If a read-back and verify process is followed, the order may be authenticated within 30 days after the date the order was made. Current federal law requires a 48-hour authentication period unless state law designates a specific time frame for the authentication of verbal orders.	Passed House Passed Senate	05/05/2010 Governor Action - Signed
BILL HB10-1283 Concerning increasing patient safety outside of the litigation process, and, in connection therewith, requiring physicians to engage in ongoing professional development, facilitating information sharing about health care workers, and requiring demonstration project data about redress for adverse health care outcomes. Sponsors: Riesberg / Sandoval	Section 1 of the bill requires physicians to attest to a plan for ongoing professional development to obtain licensure. Section 2 requires physicians to document participation in ongoing professional development activities to maintain licensure. It also provides protections for records of the activities. Section 3 defines failure to comply with ongoing professional development as unprofessional conduct. Section 4 provides an exception to the restriction on mandating continuing medical education as necessary to comply with ongoing professional development requirements. Section 5 creates the "Patient Safety Act". The act requires health care providers to verify employment history of health care worker applicants. The section also requires employers to provide information to	04/05/2010 House Committee on Judiciary Postpone Indefinitely	Failed to pass

	prospective employers about health care worker impairment, patient abuse, and violent crimes. Section 5 allows for protected communications with patients and other interested persons as part of health care quality assessments. It also allows for sharing of health care information among certain health care providers without waiving the confidentiality or privilege of the information. This section also requires the health and human services committees to identify statewide professional associations to conduct, or compile data on, demonstration projects exploring alternatives to litigation for redress of adverse medical events.		
BILL HB10-1371	Existing law regulates the practice of certain health care professions, including the practice of medicine. These laws prohibit unlicensed persons from engaging in certain activities constituting, among others, the practice of medicine. The bill, notwithstanding any other provision of law, would provide that a person engaging in certain healing arts and health care treatments who makes specified written disclosures to a client is not in violation of certain provisions of the professional practice acts if the person practices within the parameters set out in the bill. Violations of this bill would be a deceptive trade practice under the "Colorado Consumer Protection Act".	04/05/2010 House Committee on Health and Human Services Postpone Indefinitely	Failed to pass
Concerning alternative practitioners of the healing arts, and, in connection therewith, enacting the "Colorado Health Freedom Act" to provide an exemption for unlicensed complementary and alternative practitioners of the healing arts. Sponsors: Frangas / Mitchell			
BILL SB10-040	Section 2 of the bill creates a program to raise motorists' awareness of safely using the road with motorcycles, funded by using 5% of the motorcycle operator safety training fund. Section 1 limits the use of the motorcycle operator safety training fund moneys to providing motorcycle training tuition for students and travel reimbursement for instructors. In addition, section 1 sets a maximum tuition level.	Passed Senate 05/11/2010 House Committee on Transportation & Energy Postpone Indefinitely	Failed to pass
Concerning motorcycle safety education programs. Sponsors: Tochtrop			
BILL SB10-044	Effective July 1, 2010: * Section 2 of the bill repeals the mandatory late vehicle registration fee of \$25 per month up to a maximum of \$100 enacted by Senate Bill 09-108 and	03/10/2010 Senate Committee on State, Veterans & Military Affairs Postpone Indefinitely	Failed to pass

<p>Concerning the repeal of statutory changes enacted by senate bill 09-108. Sponsors: Lundberg / Lambert</p>	<p>reinstates the waivable fee of up to \$10 that was in effect prior to the enactment of Senate Bill 09-108. * Section 5 of the bill repeals the supplemental unregistered vehicle fine of \$25 per month up to a maximum of \$100 enacted by Senate Bill 09-108 that is imposed on a person who is convicted of a misdemeanor for knowingly failing to register a vehicle within 90 days of becoming a Colorado resident. Sections 1, 3, 4, and 6 of the bill make conforming amendments.</p>		
<p>BILL SB10-066</p> <p>Concerning the requirement that certain persons report child abuse or neglect. Sponsors: Hudak / Levy</p>	<p><i>The summary originally printed on this bill accurately reflects the contents of the reengrossed version of this bill as introduced in the second house. It does not reflect any amendments that may be subsequently adopted.</i></p> <p>The bill requires that a licensed hospital require that all verbal orders be authenticated by the physician or responsible individual who has the authority to issue a verbal order in accordance with hospital and medical staff policies. The bill requires that a verbal order be authenticated within 48 hours after the time the order was made unless a read-back and verify process is followed. If a read-back and verify process is followed, the order may be authenticated within 30 days after the date the order was made. Current federal law requires a 48-hour authentication period unless state law designates a specific time frame for the authentication of verbal orders.</p>	<p>Passed Senate Passed House</p>	<p>06/10/2010 Governor Action - Signed</p>
<p>BILL SB10-110</p> <p>Concerning the enforcement of offenses involving failure of certain persons in a vehicle to use an</p>	<p><i>This summary applies to the reengrossed version of this bill as introduced in the second house. It does not reflect any amendments that may be subsequently adopted.</i></p> <p>Under current law, failure to wear a restraining device in a vehicle is a secondary offense. The bill</p>	<p>Passed Senate Passes House</p>	<p>05/26/2010 Governor Action - Signed</p> <p>Drastically Amended – Bill has been rewritten. The</p>

<p>appropriate restraining device. Sponsors: Williams / Ryden</p>	<p>makes failure to wear a restraining device in a vehicle a primary offense and punishable as a class B traffic infraction. For a law enforcement officer to stop a driver for a restraining device violation, the officer must clearly observe the restraining device violation and be able to articulate that the restraining device was unfastened. If a person charged with a restraining device violation produces a bona fide written statement by a physician certifying that physical disability makes restraint by a safety belt system inappropriate, the charge will be dismissed. The bill increases fines for restraining device violations.</p> <p>The bill modifies the age and height requirements for certain children who are otherwise required to be fastened in a child restraint system. <i>A child is who is under 8 years of age must be restrained in an appropriate child restraint system pursuant to the manufacturer's instructions in a rear seat of the vehicle unless all of the rear seating is occupied by children under 8 years of age or the rear seat does not accommodate a child restraint system. A child who is at least 8 years of age but less than 16 years of age must be properly restrained in either a child restraint system pursuant to the manufacturer's instructions or a seat belt. It is a parent's responsibility to ensure the child is properly restrained unless no parent is in the car, then it is the driver's responsibility. A violation of the child restraint system section is a secondary offense. For the first year that the provision is in effect, a peace officer may only give a violator a warning.</i></p> <p><i>The state patrol and local law enforcement agencies shall file in their departments a compilation of manufacturers' instructions for best-selling brands of child restraint systems.</i></p> <p>The general assembly states its intent that the statutory prohibition against profiling be strictly observed by each law enforcement officer who stops</p>		<p>new version is now a requirement that children under eight years of age be in a child restraint system.</p>
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	or contemplates the stop of a motor vehicle driver for an alleged restraining device violation.		
BILL SB10-120 Concerning The Inclusion Of Prepaid Wireless Telephone Service Among The Services Subject To The Surcharge That Funds Enhanced 911 Emergency Services. Sponsors: White / Rice	<i>This summary applies to the reengrossed version of this bill as introduced in the second house. It does not reflect any amendments that may be subsequently adopted.</i> The bill imposes a 1.4% charge on the retail sale of prepaid wireless telephone service, for use by local 911 authority boards to fund E911 services. The charge is collected and remitted by retail sellers to the department of revenue (department) in the same manner as sales tax is collected, after which the department transfers the fee to local 911 call centers in proportion to the number of wireless calls they receive. <i>The bill is cash funded by allowing the department to retain a portion of the charges.</i>	Passed Senate Passed House	06/07/2010 Governor Action - Signed
BILL SB10-183 Concerning The Continuation Of A Statutory Prohibition On Balance Billing Of Certain Charges For Health Care Services. Sponsors: Morse & ... / Gagliardi	Prior case law interpreting Colorado's health insurance statutes had allowed "balance billing" for increased charges of out-of-network providers working in in-network facilities without the prior knowledge or consent of insured patients. The general assembly legislatively overruled that interpretation, subject to future review and repeal. The bill continues indefinitely the requirement that health insurers hold consumers harmless for charges over and above the in-network rates for services rendered in an in-network facility.	Passed Senate Passed House	05/27/2010 Governor Action - Signed
BILL SB10-214 Concerning More Precise Specification Of The Circumstances In Which Sales Of Medical Products Are Exempt From Sales Tax.	In order to more precisely specify the circumstances in which sales of drugs, insulin, medical materials, and therapeutic medical devices, appliances, and accessories are exempt from sales tax, the bill: * Defines the term "licensed provider" to include any person Dashes through the words indicate deletions from existing statute. authorized by state law to prescribe drugs; and	05/07/2010 Senate Committee on Finance Postpone Indefinitely	Failed to pass

<p>Sponsors: Tochtrop / Gagliardi</p>	<ul style="list-style-type: none"> * Specifies that an exemption from sales tax applies to all sales of: * Drugs dispensed in accordance with a prescription written by a licensed provider; * Insulin dispensed pursuant to the direction of a licensed provider; * Drugs or materials furnished by a licensed provider as part of professional services provided to a patient; and * Therapeutic devices, appliances, or related accessories with a retail value of over \$100 sold to correct or treat a human physical disability or surgically created abnormality in accordance with a written recommendation from a licensed provider. 		
<p>BILL SJR10-035</p> <p>Concerning Support For Measures To Reduce Violence Against Medical Care Professionals In Hospitals.</p> <p>Status: Tochtrop/Acree</p>		<p>Passed Senate</p> <p>Passed House</p>	<p>05/20/2010 Signed by the President of the Senate</p> <p>05/24/2010 Signed by the Speaker of the House</p>